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or <u>Fax</u> (571) 273-2885

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appropriate. All further correspondence including the	Patent, advance orders and notification of mainte	enance fees will be mailed to the current correspondence address	as
indicated unless corrected below or directed otherwise	in Block 1, by (a) specifying a new corresponde	lence address; and/or (b) indicating a separate "FEE ADDRESS" :	for
maintenance fee notifications.			

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

28672

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05/12/2008

D. PETER HOCHBERG CO., L.P.A. 1940 EAST 6TH STREET CLEVELAND, OH 44114 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Pamela Korzeniowski	(Depositor's name)
Bula Vianumi.	(Signature)
Quarist 12,2008	(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

10/580,355 05/23/2006 Geoffrey Charles Peck EV4248US (#90753) 1738
TITLE OF INVENTION:

### SIFT-MS INSTRUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	YES	\$720.0	\$720.00		\$10	20.00	08/12/2008	
EXAM	IINER	ART UN	IT	CLASS-SUBCLASS				
Meenaksh	ni S. Sahu	2881		250-288000	-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			1 D. Peter Hochberg		
<ul> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ul>		2 Sean F. Mellino						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registe	red patent attorneys or agents. If	nes of up to no name is	registered attorney or agent) and the names of up to		

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Syft Technologies Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Middleton, Christchurch, New Zealand

a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
X Issue Fee	· A check in the amount of the fee(s) is enclosed. (\$)				
X Publication Fee (No small entity discount permitted)	X Payment by credit card. Form PTO-2038 is attached. (\$1,035.00)				
X ·Advance Order - # of Copies5	X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2441 (enclose an extra copy of this form).				
. Change in Entity Status (from status indicated above)	555				
· a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALERTY status. See 37 CFR 1.27(g)(2).				
The Director of the USPTO is requested to apply the Issue Fee and PullOTE: The Issue Fee and Publication Fee (if required) will not be accenterest as shown by the records of the United States Patent and Trader	blication Fee (if any) or to re-apply any previously parties ue fee to the application identified above. epted from anyone other than the applicant; are gistered attorney or agent; or the assignee or other party in mark Office.				
Authorized Signature Authorized Signature	Date & August 11,2008				
Typed or printed name D. Peter Hochberg	Registration No. 24,603				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patentand Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (11-07)

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		Application Number	10/580,3	355			
TR	ANSMITTAL	Filing Date	05/23/20	OOG AUG TO TO			
	FORM	First Named Inventor	Geoffrey	y Charles Peck ित २००८ ।			
		Art Unit	2881				
(to be used for a	all correspondence after initial filing)	Examiner Name	Meenakshi S. Sahu				
Total Number of	Pages in This Submission 6	Attorney Docket Number	EV4248	US (#90753)			
	E	NCLOSURES (Check all	that apply)				
X Fee Trans	smittal Form	Drawing(s)		After Allowance Communication to TC			
	ee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendme	ent/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
Af	ter Final	Petition to Convert to a Provisional Application		Proprietary Information			
		Power of Attorney, Revocation		Status Letter			
	fidavits/declaration(s)	J Change of Correspondence A Terminal Disclaimer		Other Enclosure(s) (please Identify			
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	D. Peter Hochberg Co., I	P.A.					
Signature	Dontely			• •			
Printed name	D. Peter Hochberg		• • •	•			
Date	august 11,200	Reg. No.	24,603				
	CERT	IFICATE OF TRANSMISS	ION/MAII	LING			
	as first class mail in an envelop		•	ited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on			
Signature		Okereuli					
Typed or printed	)	wsk)	• <del>-</del>	Date : Quast 12:2008)			
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**Application Number** 

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ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818	I).

# FEE TRANSMITTAL For FY 2008

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1,035.00 XXXXX

	Complete if Known	OIPE
Application Number	10/580,355	
Filing Date	05/23/2006	AUG 15 20
First Named Inventor	Geoffrey Charles Peck	\$ 2008
Examiner Name	Meenakshi S. Sahu	A SELECTION OF THE PERSON OF T
Art Unit	2881	TOHIAN
Attorney Docket No.	EV4248US (#90753)	

METHOD OF PAYMEN	T (check all	that apply)					
Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 08-2441  Deposit Account Name: D. Peter Hochberg Co., L.P.A.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s)	•		•		•		
			min of fools				ept for the filing fee
X under 37 CFF	idditional fee R 1.16 and 1.	(s) or underpayme .17	ents of fee(s	) X Cred	it any overpay	ments	
WARNING: Information on this information and authorization	s form may be	ecome public. Credi			not be included	on this form. Pro	ovide credit card
FEE CALCULATION	011110-2030	•	· · · · · · · · · · · · · · · · · · ·				
	DCH AND	EVAMINATION	EEES				
1. BASIC FILING, SEAF	FILING		SEARC	1 FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	Small Entity		Small Entity	. 9	Small Entity	Fees Paid (\$)
Utility Utility	310	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	rees raiu (φ)
	210	155	510	255	210	105	<u> </u>
Design		105	100	50	130	65	
Plant	210	105	310	155	160	. 80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEI	ES					<u>Fee (\$)</u>	Small Entity Fee (\$)
Each claim over 20 (	including R	(leissues)				50	25
Each independent cla	_	•	ues)			210	105
Multiple dependent c	laims		·			370	185
<u>Total Claims</u>	Extra Clair	ms Fee (\$)	Fee P	aid (\$)		Multiple De	pendent Claims
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Indep. Claims	Extra Clair	•	Fee Pa	aid (\$)			
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3. APPLICATION SIZE If the specification and		exceed 100 shee	ts of nanei	excluding	electronical	v filed seauer	ice or computer
listings under 37 C			• •	`		•	<del>-</del>
sheets or fraction th	hereof. See	35 U.S.C. 41(a	)(1)(G) an	d 37 CFR 1.	16(s).		
<u>Total Sheets</u> - 100 =	Extra She	<u>ets</u>			or fraction the whole number		(\$) <u>Fee Paid (\$)</u> = 0.00
4. OTHER FEE(S)			<b>`</b>			·• · · · · · · · · · · · · · · · · · ·	
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Other (e.g., late filin			•		<del>-</del> -		1,020.00

SUBMITTED BY					
Signature	2) Starley	Registration No. (Attorney/Agent)	24,603	Telephone	216.771.3800
Name (Print/Type	D. Peter Hochberg			Date Chy	W. 2008

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X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1,035.00 XXXXX

Complete if Known
10/580,355
05/23/2006
Geoffrey Charles Peck 3 406 15 20
Meenakshi S. Sahu
2881
EV4248US (#90753)

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21771		Ioney Order	$\neg$						
Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 08-2441  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
	Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION			· · ·		<u>-</u>	·			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)		Fees Paid (\$)		
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80	·		
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
•	2. EXCESS CLAIM FEES Fee DescriptionSmall Entity Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)210105								
• •	xtra Claim	<u>s Fee (\$)</u>	Fee	Paid (\$)		370 Multiple De	185 pendent Claims		
- 20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  ———————————————————————————————————									
4. OTHER FEE(S)  **Non-Xen-See Fees Paid (\$)  **Non-Xen-See Fees Paid (\$)  **Tool-Yen-See Fees P							15.00		
Other (e.g., late filing su	urcharge):	Small entity i	ssue fe	e and publica	tion fee		1,020.00		

SUBMITTED BY						
Signature	a) Batafile	i i	Registration No. (Attorney/Agent)	24,603	Telephone	216.771.3800
Name (Print/Type)	D. Peter Hochberg				Date Chyp	W/1. 2008

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